

## ANNUAL CONVENTION- April 1-2-3, 2024 Loews Kansas City Hotel, Kansas City, MO

Registrant: Email:						
Company:				Spouse/Guest (if attending):		
Address:			City/State/Zip:			
SPONSORSHIPS - ALL SPONSORSHIPS INCLUDE:				SPONSORSHIP DEADLINE:		
* Logo on PowerPoint Projection and Signage;				For best exposure on your investment,		
* Recognition within AGC Connection App and meeting materials;				commit no later than March 15		
INDUSTRY PARTNER - \$3,500		Two (2) Convention Registrations (does not include Welcome Night @ National W Museum and Memorial) Recognition/Signage at ALL Events		ational WWI		
WELCOME NI	GHT SPONSOR - \$3,000	Two (2) Welcome Night Event Registrations     Recognition/Signage at @ National WWI Museum and Memorial				
PAC AUCTION	ON SPONSOR - \$2,000	One (1) Convention Registration (does not include Welcome Night @ National WWI Museum and Memorial)     Recognition/Signage at PAC Auction				
BREAKFAST SPONSOR - \$1,000		Recognition/Signage @ April 2 breakfast				
BREAK STA	TION SPONSOR - \$500	Recognition/Signage	@ all break tables on April 2	2		
				SUBTOTAL		
INDIVIDUA	L / EXHIBITOR REC	GISTRATION (see	separate form fo		on):	
Date	Registration Item	014 T 137 14 A 11	<u> </u>	Cost Per Person	Qty	TOTAL
Mon, Apr 1 1:00 pm	Tour – KC Streetcar JobSite Tour and Visit Arabia Steamboat Museum (See attachment for details and timeline)			\$15		
Mon, Apr 1	Welcome Night (6-9 pm) @ National WWI Museum and Memorial (Shuttle to/from Museum; two drink tickets & dinner buffet included.)			\$125		
Tues, Apr 2	<b>Convention Registration</b> (includes all Apr 2 Functions ONLY; if applicable, adjustment/s will be made for Sponsorship/s.)			\$300		
	Exhibitor Registration (includes one (1) convention registration for all Apr 2 functions ONLY; table-top exhibit)  Do you need electricity at your booth?YesNo			\$900		
,					TOTAL	
PRE-PAID RE	GISTRATION REQUIRED	– PAYMENT METHOD:				
O Check encl	osed (Payable to AGCMO)					
O Credit card		torCord ODiocover		TO DEGLOTED (C.)	FOTIONS	
Americar	n Express OVisa OMas	lercard Obiscover		TO REGISTER/QUI		
Card #				lete form and retur 1 Jefferson Street	II (O:	
Security Code Expiration Date / Jeff				erson City, MO 651	09	
Name on Card			– FAX	573.636.3188 FAX: 573.634.3510		
Company				ryl Gentges at <u>cgent</u> ry Bax at <u>kbax@agc</u>		org OR
Billing Zip of C	ard		_	, san at managago	<u></u>	
Phone				vould be most appre		
Email				ration by Friday, Ma funds after March 2		-
After cred	it card has been processed, re	ceipt will be emailed.	No Rei	iuilus after March 2	J, 2U24.	